

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

**10/031188**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2							51						
3							52						
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47							96						
48							97						
49							98						
50							99						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	46					
TOTAL CLAIMS							TOTAL CLAIMS	51					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS